



Receipt

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of)

Drew)

Application No. 09/664,919)

Filed: September 18, 2000)

For: METHOD AND APPARATUS FOR)
MINIMIZING FILE SCANNING BY ANTI-)
VIRUS PROGRAMS)

Examiner: Hayes, Gail

Art Unit: 2131

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NOV 12 2002

Date: October 18, 2002

Technology Center 2100

CERTIFICATE OF MAILING

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Erica L. Farlow

REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents

Box: Assignment

Washington, D.C. 20231

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Enclosed is a copy of the Filing Receipt for the above-identified patent application. Please reprint the Filing Receipt as follows and mail the corrected copy to the undersigned.

Change the correspondence address from "KENNETH WATOOV ESQUIRE, WATOV & KIPNES PC, P O BOX 247, PRINCETON JUNCTION, NJ 08550" to --28875, SILICON VALLEY IP GROUP, LLC, P.O. BOX 721120, SAN JOSE, CA 95172-1120--.

Change the Attorney Docket Number from "1122.1.005" to --NAI1P194/99.115.01--

The Commissioner is authorized to charge any fees that may be due to Deposit Account 50-1351 (Order No. NAI1P194/99.115.01).

Respectfully submitted,
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Attorney Docket No. NAI1P194/99.115.01

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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|-----------------|----------|------------|------------|
| 09/664,919 | 09/18/2000 | 2184 | 846 | 1122-1-005 | 4 | 14 | 5 |

NA11P194/99.115.01

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~~Kenneth Watson Esquire~~

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FILING RECEIPT



OC000000005554399

Date Mailed: 11/14/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

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Applicant(s)

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Continuing Data as Claimed by Applicant

NOV 20 2000

Foreign Applications

If Required, Foreign Filing License Granted 11/14/2000

Title

Method and apparatus for minimizing file scanning by anti-virus programs

Preliminary Class

714

Data entry by : KASSA, ASRAT

Team : OIPE

Date: 11/14/2000



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Bib Data Sheet

CONFIRMATION NO. 4381

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|--|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 09/664,919 | FILING DATE 09/18/2000 RULE | CLASS 714 713 | GROUP ART UNIT 2431 2136 | ATTORNEY DOCKET NO. NAI1P194/99.115.01 | |
| APPLICANTS Jeffrey M. Drew, Middletown, NJ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/14/2000 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Paul Drew</u> <u>ce</u> Examiner's Signature Initials | | STATE OR COUNTRY NJ | SHEETS DRAWING 4 | TOTAL CLAIMS 14 | INDEPENDENT CLAIMS 5 |
| ADDRESS 28875 | | | | | |
| TITLE Method and apparatus for minimizing file scanning by anti-virus programs | | | | | |
| FILING FEE RECEIVED 846 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |